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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Kenya
Support for a comprehensive population programme

Proposed UNFPA assistance:	$13.6 million, of which $9.6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1992
Executing agencies:	Government of Kenya United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Council for Population and Development

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KENYA

Demographic facts

Population Total (000)	
Total	24,031
Males	12,021
Females	12,011
Sex ratio (/100 females)	100.1
Urban	5,664
Rural	18,367
Per cent urban	23.6
Population in year 2000 (000)	35,060
Functional age groups (%)	
Young child: 0-4	19.5
Child: 5-14	30.4
Youth: 15-24	19.3
Elderly: 60+	4.4
65+	2.9
Women: 15-49	20.8
Median age (years)	15.1
Dependency ratios: total	111.8
(/100) Aged 0-14	105.6
Aged 65+	6.2
Agricultural population density (/hectare of arable land)	9.30
Population density (/sq. km.)	41
Average annual change (000)	
Population increase	989
Births	1,247
Deaths	258
Net migration	0
Annual population total (% growth)	3.74
Urban	6.94
Rural	2.64
Crude birth rate (/1000)	47.0
Crude death rate (/1000)	9.7
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.80
Gross reproduction rate (/woman)	3.35
Net reproduction rate (/woman)	2.81
Infant mortality rate (/1000)	64
Life expectancy at birth (years)	
Males	59.0
Females	63.0
Both sexes	61.0
GNP per capita (U.S. dollars, 1989)	360

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $13.6 million, of which $9.6 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1992, to assist the Government of Kenya in achieving its population and development objectives. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme, UNFPA's fourth cycle of assistance to Kenya, responds to the Government's increased resolve to address its population concerns. It has been developed in consultation with the Government and takes into account: (a) ongoing national efforts to accelerate the recent decline in fertility; (b) Kenya's Sixth National Development Plan (1989-1993); (c) lessons learned from UNFPA-supported activities to date; and (d) findings and recommendations of the 1991 Programme Review and Strategy Development (PRSD) exercise and of the Fund's 1990 mid-term review. The programmes also takes into consideration assistance proposed by other donors. However, it was impossible to synchronize UNFPA's proposed assistance with the programme cycles of those donors because of expenditures already incurred under UNFPA's current programme.

3. The proposed programme would support government efforts: (a) to reduce the rate of population growth from 3.3 per cent (1989) to 2.5 per cent by the year 2000; (b) to reduce the total fertility rate from 6.7 (1989) to 5.0 by the year 2000; and (c) to enhance the health and socio-economic status of women and adolescents through improved and expanded maternal and child health and family planning (MCH/FP) services and population information, education and communication (IEC) services.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para.14 (f)).

II. BACKGROUND

5. Demographic trends. According to projections based on the 1989 census, Kenya has a 1991 population of 23.4 million.* With an annual growth rate of 3.3 per cent, the population is projected to reach 35 million by the year 2000 and to double in 21 years. There are recent signs that fertility is beginning to fall. For example, the 1989 Demographic and Health Survey indicates a drop in total fertility from 7.7 to 6.7 between 1984 and 1989. The crude birth rate also fell, from 52 per 1,000 in 1979 to 46 in 1989. Additionally, the contraceptive prevalence rate rose from 17 per cent to 27 per cent between 1984 and 1989. Moreover, approximately 90 per cent of women in the survey stated their approval of family planning. The cause of the

*The results of the 1989 census differ from United Nations projections, which are provided on p. 2 of this report. For the sake of consistency, the demographic data presented in paragraphs 5, 7 and 8 are based on findings of the 1989 census.

fertility decline are now under investigation. One theory is that increasing educational levels and expectations as well as the rising costs of education are responsible, together with the improved availability of family planning information and services.

6. Social and economic factors. Less than one-fifth of Kenya's total land area (582,646 square kilometres) is arable. Agriculture is the mainstay of the economy, employing 70 per cent of the national labour force. Per capita income is $360 (1989) and is expected to grow at the rate of 2.1 per cent during the 1989-1993 period.

7. Rural-to-urban migration has contributed to an increase in the urban population from 2.3 million (1979) to 3.8 million (1989), an inter-censal growth rate of 5.2 per cent. Nairobi, with 1.3 million inhabitants, has 34 per cent of the urban population. Rapid urban growth rates have led to acute pressure on urban social services.

8. Kenya has made significant improvements in health since Independence in 1963. This is evidenced by reductions in the infant mortality rate from 126 per 1,000 (1962) to 70 per 1,000 (1989), in crude death rate from 20 per 1,000 (1962) to 13 per 1,000 (1989), and an increase in life expectancy from 44 years (1962) to 59 years (1989). Kenya has approximately 2,000 health facilities, 1,352 of which provide family planning services. The static centres are supported by an estimated 1,000 community-based distributors of contraceptives.

9. The national literacy rate is 50 per cent. The ratio of boys to girls enrolled in formal education programmes widens from 107 to 100 in primary school to 144 to 100 in secondary school. One reason for this difference is the higher drop-out rate for girls because of early pregnancies.

10. Despite government efforts to improve women's health as well as their educational and employment opportunities, socio-cultural barriers to their advancement still exist. These barriers include early age of marriage (17-20 years), pro-natalistic attitudes and near-universal marriage -- all of which encourage high fertility and its associated health risks. Records indicate that the incidence of maternal morbidity and mortality is increasing. Reproductive problems are afflicting the 15-25 age group especially. Nevertheless, the country lacks an official policy and programme to deal with adolescents as a "high-risk" group.

11. Notwithstanding evidence of the beginnings of a fertility decline, the Government remains concerned about the country's demographic profile because of its long-term negative impacts on health and on the Government's ability to achieve its social and economic goals. The high population growth rate has also led to environmental deterioration and overexploitation of limited arable land.

12. These concerns have been at the heart of Kenya's population policies and programmes since the mid-1960s. The Government announced a national population policy and established a national family planning programme in 1967; it officially declared its intent to expand family planning services in 1974, in connection with the World Population Conference; and it created the National Council on Population and Development (NCPD) in 1982, charging it with coordination of the national population programme. However, little concrete progress was made in the first two decades despite several policy measures. In 1986, the leadership outlined proposals emphasizing the extension of family planning services through all channels, including private and commercial, and decentralizing population programmes to the district level. Two national population conferences -- one in 1984 and one in 1989 -- helped intensify the commitment of Kenya's leaders to the population programme. The recommendations of these conferences included, inter alia,

increased governmental financial support to population programmes and greater efforts to create demand for family planning.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Before 1987, UNFPA supported Kenya's population activities through two country programmes in the total amount of $7.1 million. Areas assisted were MCH/FP and training in MCH/FP service delivery, data collection and analysis, demography, and programme management. Major achievements were the establishment of the Research and Evaluation Unit in the Ministry of Health's Division of Family Health, analysis of the 1979 population census, provision of equipment for mobile clinics, establishment of a civil registration system in seven districts, and the training of 10 nationals to master's-degree level in demography and of 800 family health field educators. Overall, this assistance enhanced awareness of population issues, appreciation of the multisectoral nature of population issues, and recognition of the need for a more explicit population policy.

14. In 1987, the Governing Council approved $10 million ($6 million from UNFPA regular resources and $4 million from multi-bilateral sources) to support the third country programme from 1987 to 1991. The overall objective of the programme was to stimulate demand for family planning through a wide range of multisectoral and decentralized population activities, with the IEC sector figuring prominently in the programme. By the end of 1991, UNFPA and multi-bilateral expenditures were expected to reach $5.3 million and $4 million respectively. Canada, Norway and Sweden contributed multi-bilateral funds to the programme.

Maternal and child health and family planning

15. UNFPA assistance to the MCH/FP sector aimed at promoting acceptance and strengthening the delivery of MCH/FP services to underserved groups. Support to enhance the community-based distribution (CBD) of family planning services is expected to produce an inventory of CBD activities and static family planning service delivery points throughout the country. Both will be indispensable for setting up family planning programmes in the future. Other accomplishments include increasing the number of new acceptors of family planning, training 491 nurses, traditional birth attendants (TBAs), and CBD agents in service delivery; and training 1,400 community workers and 1,000 men as family planning motivators. In addition, family planning services were integrated into MCH services in areas served by these activities, clinics were renovated and equipped for delivering family planning services, at least 62 health centres and 8 hospitals began to offer family planning services, and guidelines for operating revolving-loan systems within integrated MCH/FP and IEC programmes were created. Also, contraceptives were provided to enable the Government to meet national needs. The main difficulties encountered were the lack of baseline data for planning and evaluation, weak systems for producing service statistics, overambitious objectives, and the lack of expertise in undertaking integrated MCH/FP, IEC and income-generation projects.

Information, education and communication

16. UNFPA supported various IEC activities aimed at promoting demand for family planning services, encouraging positive attitudes towards population and family planning issues, and changing attitudes towards small family size. This assistance resulted in the generation of socio-cultural data for developing messages; production of population education curricula and teachers' guides, which are currently being used experimentally in 54 primary and 20 secondary schools; production of a radio programme on family planning; production of motivational materials; and the sensitization of many workers and their families on family

planning issues. Family life education themes are expected to be integrated into the training programmes of agricultural extension workers by mid-1992. Meanwhile, a curriculum for training in family life education was developed and is now being tried out in programmes for adult education and community development training. In addition, a framework was created for making population communication part of the regular training programmes of the Kenya Institute of Mass Communication, which initiated formal training courses in population communication. The major constraints in these activities were delays in conducting baseline sociocultural research, ineffectual messages that were aimed at wide audiences rather than specific groups and that failed to address adolescent sexuality, the weak linkage of IEC with family planning service delivery, insufficient national expertise and inadequate technical backstopping, and weak coordination.

Data collection and analysis

17. UNFPA support to the 1989 population census strengthened national capabilities and institutional machinery for large-scale data collection, processing and analysis. With the up-to-date demographic and socio-economic data provided by the census, the Government has already been able to use preliminary findings in its development planning. The major project constraints were the slow release of government counterpart contributions and a high staff turnover.

Population policy formulation

18. UNFPA supported various activities, including the 1989 National Leaders' Conference, work on district population planning and population employment planning (in collaboration with UNDP), that aimed at enhancing the commitment of policy makers and planners to the population programme and at strengthening national capabilities and mechanisms for population, employment and development planning. As major outcomes of these activities, the Government adopted specific demographic targets, established District Population Offices in 14 priority districts, and increased district-level population-development planning. Major constraints were inadequate technical backstopping and the shortage of office accommodations.

Population dynamics

19. UNFPA assisted three activities concerned with population demographics -- strengthening demographic training and research, training in population management and administration, and operations research. These resulted in the training of nine nationals (including three women) at the master's-degree level and nine nationals at the diploma-level; the development of training curricula for in-service courses for sectoral planners; the establishment of a population administration training unit at the Kenya Institute of Administration; the training of 280 project managers and planners from various sectors; and the generation of data on male motivation for family planning. The principal constraint was inadequate staff capacity.

Women, population and development

20. With the aim of enhancing the socio-economic status of women and youth through improved access to financial resources and health services, UNFPA supported activities aimed at employment promotion and the provision of MCH/FP services and in setting up a database on women. The former, targeted at women and youth residing in slum areas, resulted in the establishment of a mobile MCH/FP clinic system and increased attendance at MCH/FP health posts in slums. Furthermore, family life education themes were integrated into vocational training programmes, at least 400 men and women were trained in various skills and

business management, and guidelines were established for operating a revolving-loan system. The main constraints were the lack of technical expertise and a weak institutional framework,the lack of data for impact assessment, and poor linkages between employment-generation and health components.

Special programmes

21. UNFPA assisted an activity with the overall objective of establishing a mechanism for multisectoral development support to slum areas in Nairobi. It succeeded in sensitizing slum residents to population and family planning issues, establishing a CBD system which relies on trained Community Health Workers, and integrating population IEC services and contraceptive distribution into recreational activities for men and community groups. The major difficulty was that the activity was poorly designed and did not sufficiently address the institutional framework for the implementation process.

Other external assistance

22. A number of donors, including Sweden, the United Kingdom and the United States of America, have provided contraceptives to Kenya's population programme. World Bank loans have also been used for that purpose. All of these donors as well as Finland intend to continue such support, although the need for certain supplies will probably exceed expected assistance.

23. Canada, Denmark, Finland, Germany, Norway, the United Kingdom and the United States as well as the World Bank have supported training and family planning services. However, most of these donors' plans beyond 1993 are uncertain. Because of the emphasis of the United States on private-sector activities, the World Bank's intended movement away from IEC and family planning activities towards capital components, such as construction, and some donors' concentration on meeting needs in limited geographical areas, UNFPA support may be needed in large geographical areas that are not covered by other donors, especially for public-sector activities.

24. Both directly and through multi-bilateral arrangements, UNFPA has been a major source of support for the IEC sector, and other donors' plans are predicated on UNFPA's continued assistance. In the past, Canada, Japan, the United Kingdom, the United States and the World Bank provided assistance for IEC.

25. Canada provided support for the census. Before terminating bilateral assistance to Kenya, Norway supported demographic training and research and integrated family planning and income-generating activities. Sweden contributed to the district population programme and helped improve the database on women. The United States Agency for International Development (USAID) assisted in the establishment of the National Council on Population and Development (NCPD).

26. The United Nations Children's Fund (UNICEF) has supported an extensive network for the expanded programme on immunization (EPI). The United Nations Development Programme (UNDP) and WHO have contributed to education on AIDS prevention.

IV. PROPOSED PROGRAMME 1992-1995

27. As noted by the 1991 PRSD mission, Kenya's implementation of programmes to achieve its population policy objectives has improved markedly over the last few years. However, clear implementation strategies are still lacking. With regard to the various sectors, priority clearly should be given to expanding family

planning services to previously underserved populations and to undertaking expanded, audience-specific IEC activities closely coordinated with the availability of services. The wide disparity between knowledge and practice suggests that achieving future increases in the contraceptive prevalence rate will depend upon creating specific messages to fill identified information gaps, in addition to improving upon the quality and coverage of family planning services.

28. A programme of $13.6 million is proposed for UNFPA assistance from 1992 to 1995. This programme reflects the PRSD mission's observations and recommendations, which were developed in collaboration with the Government, the experience gained in implementing previous country programmes, and expected patterns of support from the Government and other sources of external assistance. The programme has been designed especially to fit into national population and development plans and policies.

29. In addition to the objectives outlined in paragraph 3 above, the proposed programme would help the Government: (a) reduce the crude birth rate from 46 per 1,000 (1989) to 42 per 1,000 by 1995 and to 35 per 1,000 by the year 2000; (b) reduce the crude death rate from 13 per 1,000 (1989) to 11 per 1,000 by 1995, and 10 per 1,000 by the year 2000; (c) increase the contraceptive prevalence rate from 27 per cent (1989) to 38 per cent by 1996 and to 44 per cent by the year 2000; and (d) attain a more balanced distribution of the population between rural and urban areas.

30. In pursuit of the above objectives, the proposed programme would aim at achieving the following by 1995: (a) putting into place strategic plans for implementing national and district population programmes, strengthening the NCPD's capacity for planning and monitoring population programmes and for supporting ministries and NGOs in programme management; (b) strengthening national- and district-level capacity for planning, implementation and management of population programmes; (c) expanding the accessibility of MCH/FP services by establishing family planning services in at least every district and division; (d) reaching a large proportion of all post-partum women with IEC counselling and family planning services, and creating better linkages among IEC, family planning, and EPI services; (e) strengthening national advocacy in favour of women's and youth's concerns and developing action plans to improve the health status of women and adolescents; and (f) sensitizing national and community leaders on the interrelationship between population, the environment and development.

Maternal and child health and family planning

31. Assistance to the MCH/FP sector would aim at increasing contraceptive prevalence by improving the quality of, and expanding access to, family planning services. The NCPD must, therefore, improve its management information system to permit identification of the locations of static and CBD family planning services, of those populations with and without access to them, and of those groups reached and not reached by various IEC approaches. The overall strategy would be to augment service delivery through static clinic networks (particularly the dispensaries) backed up by an expanded CBD network, using existing field workers and health delivery networks, and taking into account fertility variations at the district level. By the end of 1992, it is expected that existing service points and CBD networks would have been completed and underserved populations would have been identified, thus permitting the planning of service delivery for every district and division. The remainder of the 1992-1995 period would be devoted to implementation of these plans. To encourage appreciation of the health rationale for family planning, the implementation plan would add targets expressed in terms of the reduction of high-risk births.

32. Because adolescent reproductive behaviour has become a health and social problem, UNFPA would support, initially, research aimed at awareness creation. Once greater awareness has been achieved, UNFPA would look at opportunities to provide assistance for information and services aimed at this high-risk group.

33. The proposed programme would strengthen District Health Management Teams as the backbone for supervising and monitoring services, and would further strengthen required supervisory and support networks at subdistrict levels. The programme would contribute towards the costs of in-service training for appropriate categories of health workers. In addition, it would introduce family planning IEC messages into EPI educational and community mobilization sessions, incorporate family planning services into EPI service programmes supported by UNICEF, and institute mechanisms for monitoring family planning delivery simultaneously with immunization monitoring.

34. To ensure an uninterrupted supply of contraceptives, UNFPA would also assist the Government in convening meetings of external assistance agencies aimed at developing a medium- to long-term plan for financing contraceptive supply. Although other donors currently provide contraceptives, any disruption in supply would be highly damaging. Consequently, UNFPA is working with the Government and other donors to ensure financing for medium- and long-term needs and will supply some contraceptives in the meantime.

35. The programme would also assist the Ministry of Health and the NCPD in conducting operational research on reasons for the wide gap between knowledge and use of family planning. UNFPA would provide a total amount of $7.1 million for the MCH/FP sector, of which $2 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

36. Assistance to the IEC sector would be aimed at promoting responsible parenthood behaviour, particularly among men and youth, improving documentation and dissemination of population information, and enhancing awareness of the connection among population, development, the environment and other socio-economic issues.

37. The proposed strategy would include tailoring IEC activities to the requirements of family planning services and other sectoral programmes, giving greater visibility to the health benefits of family planning, creating specific messages responding to the concerns of identified audiences, and institutionalizing population and family planning awareness-creation activities in educational, recreational and developmental programmes. This strategy would rely on mass media and interpersonal communication and would mobilize influential leadership groups (such as parliamentarians, shop stewards, health service providers and outreach workers, women's group leaders and agricultural extension workers) to enhance public appreciation of population-development interrelationships and to enlist new family planning acceptors. In addition, the programme would promote the participation of a cross-section of the population, including school teachers and workers, as family planning motivators. All IEC messages would be based on socio-cultural research.

38. Until now, the Government's approach has been to encourage many governmental bodies and NGOs to undertake initiatives in providing services and IEC. However, because coordination was weak, some groups were recipients of duplicated efforts whereas others were left entirely neglected. Coordination of inputs to ensure that underserved groups are reached is a high priority for accelerating fertility decline. While assisting the NCPD in assuming a greater role in coordinating, without rigidly controlling field activities, UNFPA would

still encourage continued implementation of specific activities by NGOs, including women's groups, and line ministries already involved in IEC activities.

39. To facilitate the dissemination of information on population activities, the programme would help establish a national population documentation data bank, linking population library resources of all participating organizations.

40. It is anticipated that population education would be introduced into the curricula of teacher training colleges and at least half of all primary and secondary schools. Population education materials would emphasize such concerns as adolescent sexuality, pregnancy prevention, and their implications for meeting education, health and other personal and community development goals.

41. To promote the development of positive attitudes towards the small-family norm, the programme would support the integration of family life education into the curricula of the Tom Mboya Labour College and continued assistance to institutionalize training in family life education in the curricula of agricultural training institutes and adult education programmes. To further strengthen national capabilities for communicating population messages, the programme would continue support for integrating population communication into the curricula for training mass communication professionals and community-level workers responsible for promoting attitudinal changes towards small family size.

42. The programme would support IEC specifically for male groups, such as the Kenya Football Federation, and police, army and workers' organizations, focusing on the benefits of family planning. Outreach services would be provided for some of these groups. Building upon previous assistance for family life education in the organized-labour sector and taking into consideration USAID-supported assistance to the private sector, the programme would identify potential family planning motivators and CBD agents in public-sector establishments, labour unions and cooperative societies and assist them in addressing men's specific concerns about family planning acceptance.

43. The programme would also support training of various categories of health field staff who have contact with the public, including nurses, clinical and medical officers, EPI workers, teachers, etc., in basic knowledge of contraceptive methods and in how to counsel people on the benefits of contraception.

44. The programme would support activities to contact new mothers, initially in their home or in health facilities before discharge, to discuss ways to space or limit the next birth. Health staff, TBAs, women's groups and other community level workers would be used for these services, their efforts coordinated with other activities to ensure registration of all births and to provide of basic post-delivery health services. To help address men's concerns about family planning and to increase their sense of responsibility, the health workers and others would encourage husbands to participate in the discussions with new mothers. Close collaboration with the EPI programme would facilitate the identification of post-partum women. UNFPA would provide a total amount of $3 million for the IEC sector, of which $1 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

45. The objective of proposed UNFPA assistance for data collection and analysis is to ensure continual availability of up-to-date and accurate demographic and socio-economic data for development planning, and to strengthen national expertise and machinery for continuous monitoring of the population programme. UNFPA would thus support in-depth analysis, dissemination and application of the 1989 census results, including publication of basic reports as well as specific reports on fertility, mortality, migration, labour force characteristics, social and housing status, urbanization and other special data as necessary. The programme would encourage disaggregation of data by sex, age and geographic location. Assistance would also be available for the updating of census enumeration maps.

46. UNFPA would also support the Government's efforts to identify and institutionalize systems for continually monitoring programme impact and providing rapid local feedback and policy/programme review. In keeping with the focus on addressing high-risk groups, the proposed programme would assist the Government in establishing a dual registration system in pilot areas, whereby new births would be registered and followed up in order to track the need for family planning counselling and services. Support would also go towards devising and applying other practical ways of regularly assessing high-risk births.

47. UNFPA would help the Government to include population modules in its National Household Welfare Monitoring and Evaluation Survey, which would then yield data for designing and revising structural adjustment and population programmes and for assessing how high-risk births can be reduced. The UNFPA-supported regional programme on social dimensions of structural adjustment would provide some technical support to this survey.

48. To complement USAID's support to family planning logistics and management information systems and the World Bank-supported programme management information systems, UNFPA would assist District Health Management Teams in carrying out annual surveys of all family planning service delivery points. In addition, UNFPA would assist such teams in conducting short-term studies of area-specificproblems. UNFPA would provide a total amount of $500,000 for this sector.

Population policy formulation

49. Assistance for policy formulation would be aimed at updating objectives and targets of the national population policy and putting an implementation plan for the national population programme into place by 1995. Additionally, support would be provided for integrating population factors into the country's Sixth National Development Plan (1994-1998). The strategy to accomplish this would include strengthening national and district capabilities for planning, coordinating and monitoring the implementation of the population programme; and improving nationwide recognition of the interrelationships among population, urbanization, environment and development. Special study groups would be commissioned to assess and enhance leaders' and policy makers' understanding of the extent, causes and costs of such sensitive emerging issues as youthful marriages and adolescent fertility, and to increase their awareness of the health benefits of family planning. To complement the World Bank's assistance to Kenya's district population programmes, the programme would support strengthening technical backstopping for the district population officers (DPOs), undertaking short-term training of DPOs to formulate and coordinate district population programmes, and assisting in reviewing and updating job descriptions for DPOs and other central-level NCPD personnel to ensure that they focus on their planning, facilitating and monitoring roles.

50. To heighten the Government's recognition of the demographic implications of its policy of developing small towns of 20,000 or fewer inhabitants into urban centres, through rural development, the programme would support studies and seminars on the effects of growth rates on urban infrastructure, social amenities, and personal and community welfare.

51. Furthermore, the programme would assist the Government in identifying appropriate ways to address the relationship between population and environmental issues through special educational programmes, research and perhaps demonstration projects. UNFPA would provide a total amount of $1 million for this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

52. Proposed assistance to the population dynamics sector would seek to strengthen national expertise in demography and related areas as well as expand the capacity of local institutions to offer in-country training programmes. To help address priority questions concerning long-term sustainability, UNFPA would support the Government's convening of an ad hoc committee of representatives of national institutions, external assistance agencies, and other relevant bodies in mid-1992 to make recommendations on institutional development needs and on a strategy for managing assistance from the Government and donors.

53. UNFPA would continue to support training in population programme management for mid-level managers. Key components of the assistance would be the evaluation of the current training programme and a strong action-research component to make the training more relevant than it has been.

54. With respect to demographic research, proposed assistance would aim at short-term studies to enhance programme implementation, including measurement studies for assessing policy and programme impact, and studies to generate data on sensitive policy issues. Although the NCPD would not be expected to undertake most of these studies at this stage, it would be expected to strengthen staff skills in applying research through close collaboration with other sources of expertise in the country. UNFPA would support development of plans for using other technical resources. UNFPA would provide a total amount of $600,000 for this sector.

Women, population and development

55. Women in the high-risk group would constitute one of the programme's major target groups. Assistance to the women, population and development sector would seek to complement other sectoral activities aimed at improving the socio-economic and health status of women. The proposed strategy for planning and delivering family planning IEC and services, based on contacts with new mothers, would assist local communities in gathering data on women's health and socio-economic status. Such information would be valuable for planning, implementing and monitoring population and other sectoral activities, as well as for sensitizing key leaders and policy makers on the needs of Kenyan women. In collaboration with the efforts of other external assistance agencies, such as UNDP, UNICEF and the World Bank, the programme would encourage the retention of girls in school.

56. Additionally, UNFPA would support the Government in strengthening the institutional base of the Women's Bureau so that it can enhance national leaders' understanding of the status of women and of the socio-economic costs of obstacles to improving that status. The programme would further help the Bureau and other women's organizations to develop a national strategy and plan of action for women's activities, based in part on the Safe Motherhood Initiative, and to pursue advocacy functions through gender-sensitization

seminars for policy makers. In addition, the programme would aid the analysis and dissemination of demographic data by sex. UNFPA would provide a total amount of $1.1 million for this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

57. An amount of $300,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

58. In its capacity as coordinator of the national population policy and programme, the NCPD would review and update population policy goals; design a national implementation plan; mobilize resources and ensure their flow to priority activities; coordinate implementation by various line ministries, institutions and NGOs to ensure complementarity; and monitor implementation to assess programme impact. UNFPA would continue its coordination of donor inputs through regular inter-agency consultations. The Joint Consultative Group on Policy (JCGP) would provide a forum for coordinating the activities of the member agencies of the United Nations system.

Programme monitoring, evaluation and management

59. Programme implementation would be monitored through previously described impact assessment mechanisms and through provisions of the UNFPA Project Management Plan. Each project would be supported in gathering clear baseline data before it begins, and in incorporating built-in evaluation mechanisms. UNFPA would undertake a mid-term review of the programme in late 1993 and a final evaluation in 1995. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

60. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $13.6 million over the four-year period 1992-1995, of which $9.6 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	5,100,000	2,000,000	7,100,000
Information, education and communication	2,000,000	1,000,000	3,000,000
Data collection and analysis	500,000	--	500,000
Population policy formulation	500,000	500,000	1,000,000
Population dynamics	600,000	--	600,000
Women, population and development	600,000	500,000	1,100,000
Programme reserve	300,000	--	300,000
TOTAL	9,600,000	4,000,000	13,600,000

V. RECOMMENDATION

61. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Kenya in the amount of $13.6 million for the four-year period 1992-1995;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $9.6 million from UNFPA's regular resources, over the period 1992-1995;

(c) Further authorize the Executive Director to seek to provide the balance of $4 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Kenya and with the executing agencies.